



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3848

<b>SERIAL NUMBER</b> 10/281,413	<b>FILING OR 371(c) DATE</b> 10/28/2002 <b>RULE</b>	<b>CLASS</b> 002	<b>GROUP ART UNIT</b> 3765	<b>ATTORNEY DOCKET NO.</b> TRIOLO	
<b>APPLICANTS</b> Gabrielle H. Triolo, Montebello, CA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/367,461 06/11/2002 <i>MS</i> <b>** FOREIGN APPLICATIONS *****</b> <i>NONE MA</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 11/25/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>MS</i> Acknowledged <i>MS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> ROBERT M. SPERRY, ESQ. 23390 OSTRONIC DRIVE WOODLAND HILLS, CA91367					
<b>TITLE</b> Massage helmet					
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		